PHA 5-Year and	U.S. Department of Housing and Urban	OMB No. 2577-0226
	Development	Expires 4/30/2011
Annual Plan	Office of Public and Indian Housing	

1.0	PHA Information					
	PHA Name:Grundy County Housing			PHA Code	: <u>IL027</u>	_
		igh Performir		☐ HCV (Section	18)	
	PHA Fiscal Year Beginning: (MM/YYY)	Y):10/200	8			
2.0	Inventory (based on ACC units at time of	f FY beginning		CHON		
	Number of PH units: 95		Number	of HCV units:	_	
3.0	Submission Type					
3.0	5-Year and Annual Plan	⊠ Annu	al Plan Only	5-Year Plan Only		
4.0	PHA Consortia	PHA Consc	ortia: (Check box if submitting	a joint Plan and complete tab	le below.)	
			T			4- in E-sh
	D. C. C. DILL	PHA	Program(s) Included in	Programs Not in the	No. of Uni	ts in Each
	Participating PHAs	Code	the Consortia	Consortia	Program PH	HCV
	DITA 1				PH	HCV
	PHA 1:	+				
	PHA 2: PHA 3:	+	+		+	
	5-Year Plan. Complete items 5.1 and 5.2	only at 5 Va	par Dlan undata			
5.0	5-1 ear Fran. Complete items 5.1 and 5.2	, omy at 3-16	ai Fian update.			
3.0	This is not applicable.					
	ims is not applicable.					
5.1	Mission. State the PHA's Mission for se	rving the nee	ds of low-income, very low-inc	come, and extremely low inco	ome families in	the PHA's
	jurisdiction for the next five years:		•	•		
5.2	Goals and Objectives. Identify the PHA					
	very low-income, and extremely low-inco			e a report on the progress the	PHA has made	in meeting
	the goals and objectives described in the	previous 5- 1 6	ear Pian.			
	PHA Plan Update					
	•					
	(a) Identify all PHA Plan elements that	nave been rev	rised by the PHA since its last A	Annual Plan submission:		
	Our ACOP h	as been amei	nded to comply with HUD red	quired changes. In addition	:	
	1. Eligibility, Selection and Ad	missions Poli	icies, including Deconcentrati	ion and Wait I ist Procedur	oc. No Change	ne.
			ed in our Supporting Documents		es. No Change	28
	3. Rent Determination: No Cha		a in our supporting Bocument	ation		
	4. Operation and Management	0	S			
6.0	5. Grievance Procedures: No C					
	6. Designated Housing for Elde	erly and Disa	abled Families: No Changes.			
	Community Service: No Characteristics					
	8. Safety and Crime Prevention		es			
	9. Pets: No Changes					
	10. Civil Rights Certification: N	_	sailahla fan naviarr			
	11. Fiscal Year Audit: The latest12. Asset Management: No Char		allable for feview			
	13. Violence Against Women Ac	-	es			
	13. Violence riganist Women riv	I to Change	CS			
	(b) Identify the specific location(s) when	e the public n	nay obtain copies of the 5-Year	and Annual PHA Plan. For	a complete list	of PHA
	Plan elements, see Section 6.0 of the	instructions.	•		-	
	A copy is available ar our office lao		2 N. Division, Suite 507 Morr	is, IL 60450 which is our on	ıly office. Add	itionally it
	can be found on our web site – <u>www</u>	<u>v.gcha.us</u> .				
	TT T/T 3 ft 1 Tr	- n 1	. D. W. W. D.	*** C		
7.0	Hope VI, Mixed Finance Modernization Homeownership Programs, and Project					
7.0	monicownersmp rrograms, and Projec	t-paseu vou	cucts. inciuae siaiements rela	ieu io inese programs as app	исине.	
	None of these are applicable.					
	or mose are apparented					
8.0	Capital Improvements. Please complet	e Parts 8.1 thr	rough 8.3, as applicable.			
			- **			

8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP financing. Attached at the end of this template.
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the Capital Fund Program Five-Year Action Plan, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Attached at the end of this template.
8.3	Capital Fund Financing Program (CFFP). Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. Not applicable for small housing authorities.

9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.
	Not applicable for small housing authorities.
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested.
	 (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. Not applicable for small housing authorities. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Not applicable for small housing authorities.

- 11.0 Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
 - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
 - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
 - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
 - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
 - (g) Challenged Elements
 - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
 - (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

Part I: 5	Summary		•		
PHA Nan Authority	ne: Grundy County Housing Grant Type and Number Capital Fund Program Grant No: IL06S02 Replacement Housing Factor Grant No: Date of CFFP:	2750109			FFY of Grant: 2009 FFY of Grant Approval:
	Grant al Annual Statement Reserve for Disasters/Emergencies rmance and Evaluation Report for Period Ending:		□ Revised Annual Statement (rev □ Final Performance and Evalua		
Line	Summary by Development Account	Total	Estimated Cost	Tota	ıl Actual Cost 1
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				4
4	1410 Administration (may not exceed 10% of line 21)	\$12,414.00	•		
5	1411 Audit				
6	1415 Liquidated Damages		•		
7	1430 Fees and Costs	\$12,400.00			
8	1440 Site Acquisition		·		
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$64,053.00	· · · · · · · · · · · · · · · · · · ·		
11	1465.1 Dwelling Equipment—Nonexpendable	. \$32,213.00	. 35		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$3,067.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

¹ To be completed for the Performance and Evaluation Report.

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: S	ummary				
PHA Nam Grundy C Housing A	ounty Grant Type and Number Cented Fund Program Grant No. II 06502750109		FFY of GI	ant: ant Approval:	
Type of G	rant	·			
Origi	inal Annual Statement Reserve for Disasters/Emer	rgencies	Revised Annu	al Statement (revision no:).
Perfo	rmance and Evaluation Report for Period Ending:		☐ Final Perform	ance and Evaluation Report	
Line	Summary by Development Account		mated Cost	Total Actu	
		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$124,147.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				,
24	Amount of line 20 Related to Security - Hard Costs	\$1,500.00			
25	Amount of line 20 Related to Energy Conservation Measures	\$6,000.00			
Signatu	re of Executive Director Date Februar		re of Public Housing Dir	ector	Date

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Page	s								
Capital F CFFP (Yo			Fype and Number Fund Program Grant No: IL06S02750109 Yes/ No): ement Housing Factor Grant No:			Federal I	Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major V Categories	Work .	Development Account No.	Quantity	Total Estima	ated Cost	Total Actual	Cost	Status of Work
HOUVIEUS				·	Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IL-027-01	Administration		1410		\$12,414.00	\$12,414.00		1	,
IL-027-01	Physical Needs Assessment, A&F Qualified Energy Audit	ļ.,	1430		\$12,400.00	\$12,400.00			
IL-027-01	Roof Repair, Elevator Platform G Community Room and Lobby Rennovation, Building Sealing an Tuckpointing, Communications at Safety Infrastructure	đ.	1460		\$75,000.00	\$64,053.00			
IL-027-01	Boiler Re-Circulating Pumps, Doi Hot Water Heater	nestic	1460.1		\$33,680.00	\$32,213.00			
IL-027-01	Community Room Chairs		1475		\$3,067.00	\$3,067.00			
	:								
	:					. '			
	:	•							
	·	•							

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Scho	edule for Capital Fund	Financing Program			
PHA Name:	•	•			Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		(Quarter l	ls Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IL-027-01 Boiler Re-circulating Pumps	3/17/10		3/18/12		
IL-027-01 Domestic Hot Water Heater	3/17/10		3/18/12		
IL-027-01 Roof Repair	3/17/10		3/18/12		
IL-027-01 Energy Audit	3/17/10		3/18/12		
IL-027-01 Building Sealing and Tuckpointing	3/17/10		3/18/12		
IL-027-01 Elevator Platform Guards	3/17/10		3/18/12		
IL-027-01 Community Room and Lobby Rennovation	3/17/10		3/18/12		
IL-027-01 Communication and Safety Infrastructure	3/17/10		3/18/12		

Priority Seven IL-027-1 Community Room Chairs	3/18/10	3/18/12		
Community Room Chairs		 		
				**

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: S	Summary					EXP1103 4/30/2011
PHA Nan Authority	ne: Grundy County Housing	Grant Type and Number Capital Fund Program Grant No: ILC Replacement Housing Factor Grant I Date of CFFP:	06P02750108 No:			FFY of Grant: 2008 FFY of Grant Approval: 2008
Perfor	nal Annual Statement [mance and Evaluation Report		s	Revised Annual Staten Final Performance and)
Line	Summary by Development A	Account		Total Estimated Cost		Total Actual Cost 1
<u> </u>	Total non-CFP Funds		Original	Revised ²	Obligated	Expended
1						
2	1406 Operations (may not exc	ceed 20% of line 21) 3	90,178			
3	1408 Management Improvem	ents	10,000			
4	1410 Administration (may no	t exceed 10% of line 21)				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—	-Nonexpendable				
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipmer	nt				
14	1485 Demolition					
15	1492 Moving to Work Demon	nstration				
16	1495.1 Relocation Costs					
17	1499 Development Activities	4				

 ¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Expires 4/30/2011

Part I: S	ummary				
PHA Nam Grundy C Housing A	c: Grant Type and Number ounty Carital Fund Boorney Court No. II 06 000750109			Y of Grant:2008 Y of Grant Approval: 2008	
Type of G	rant				
Origi	nal Annual Statement Reserve for Disasters/Emerger	ncies	☐ Revised	Annual Statement (revision no:)
Perfo	rmance and Evaluation Report for Period Ending:		☐ Final P	erformance and Evaluation Report	
Line	Summary by Development Account	Tota	l Estimated Cost	Total Ac	tual Cost 1
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:; (sum of lines 2 - 19)	100,178			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signatur	e of Executive Director Bat And Bat	e Sig	nature of Public Housin	ng Director	Date

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

, , , , , , , , , , , , , , , , , , ,		Capital I	Grant Type and Number Capital Fund Program Grant No: IL06P02750108 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
HA-Wide	Operations - Insurance, Exces Costs	s Utility	1406		90,178					
HA-Wide	Mgmt Improve - Staff Trainin	g	1408		10,000					
	Grand Total				100,178					
	· · · · · · · · · · · · · · · · · · ·									
					-					

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages	3									· · · · · · · · · · · · · · · · · · ·
PHA Name:			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estimated Cost		st	Total Actual Cost		Status of Work
				,	Original	Revise	ed 1	Funds Obligated ²	Funds Expended ²	
						• • • • • • • • • • • • • • • • • • • •				
						•				
									<u> </u>	
	:									
	: .									
										1

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Sci		rmancing rrogram			
PHA Name: Grundy County	Housing Authority				Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)			s Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-Wide	09/30/10		09/30/12		
			<u> </u>	L	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

HA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		(Quarter I	s Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

PFN of Grant Type and Number Capital Fund Program Grant No: ILO6P02750107 Replacement Housing Factor Grant No: Date of CFFF: Capital Fund Program Grant No: ILO6P02750107 Replacement Housing Factor Grant No: Date of CFFF: Performance and Evaluation Report for Foriol Ending: Performance and Evaluation Report Performance and Evaluation Rep	Part I: S	Summary				Expires 4/30/2011
Griginal Annual Statement	PHA Nan Authority	ne: Grundy County Housing Grant Type and Number Capital Fund Program Grant No: IL06P02 Replacement Housing Factor Grant No: Date of CFFP:	750107			
Performance and Evaluation Report for Period Ending: Simal Performance and Evaluation Report						
Company by Development Account Cotal Estimated Cost Cotal Account Cota	Perfor	mance and Evaluation Report for Period Ending:		Kevised Annual Staten Final Performance and	nent (revision no: d Evaluation Report	
Total non-CFP Funds	Line	Summary by Development Account		Total Estimated Cost		otal Actual Cost 1
1406 Operations (may not exceed 20% of line 21) 3 70,178 70,178 70,178 70,178 3 1408 Management Improvements 20,000 20,000 20,000 20,000 20,000 10,0	1	Total non-CEP Funds	Original	Revised ²	Obligated	Expended
3	-	<u> </u>				
1408 Management Improvements 20,000 20,000 20,000 4		· · · · · · · · · · · · · · · · · · ·	70,178		70,178	70,178
14			20,000		20,000	· · · · · · · · · · · · · · · · · · ·
5	4	1410 Administration (may not exceed 10% of line 21)	10,000			
Table Tabl	5	1411 Audit	ļ <u>, ,</u>		10,000	10,000
8	6	1415 Liquidated Damages				
9 1450 Site Improvement	7	1430 Fees and Costs				
10	8	1440 Site Acquisition				
11	9	1450 Site Improvement				
12 1470 Non-dwelling Structures 13 1475 Non-dwelling Equipment 14 1485 Demolition 15 1492 Moving to Work Demonstration 16 1495.1 Relocation Costs	10	1460 Dwelling Structures				
12 1470 Non-dwelling Structures 13 1475 Non-dwelling Equipment 14 1485 Demolition 15 1492 Moving to Work Demonstration 16 1495.1 Relocation Costs	11	1465.1 Dwelling Equipment—Nonexpendable				
13 1475 Non-dwelling Equipment	12					
14 1485 Demolition 15 1492 Moving to Work Demonstration 16 1495.1 Relocation Costs						
15						
16 1495.1 Relocation Costs						
	16	1495.1 Relocation Costs				
17 1499 Development Activities ⁴	17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: S	Summary				Expires 4/30/2011
PHA Nan Grundy C Housing A	County Authority Authority Capital Fund Program Grant No: IL06P02750107 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2007 FFY of Grant Approval: 2007	
Type of G	rant inal Annual Statement	ncies	□ Revis	sed Annual Statement (revision no:	`
Perfe	ormance and Evaluation Report for Period Ending:				,
Line	Summary by Development Account	Total Esti	imated Cost	Performance and Evaluation Report	I Actual Cost 1
Ĺ		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				Dapended
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	100,178		100 170	100.150
21	Amount of line 20 Related to LBP Activities	100,178		100,178	100,178
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signatur	e of Executive Director Date	Signatu	re of Public Housi	ng Director	Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Page	es .									
Capit CFFF		Capital CFFP (t Type and Number al Fund Program Grant No: IL06P02750107 (Yes/ No): cement Housing Factor Grant No:			Federal	Federal FFY of Grant: 2007			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estir	nated Cost	Cost Total Actual Cost		Status of Work	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
HA-Wide	Operations - Insurance, Excess Utility Costs		1406		70,178		70,178	70,178	100%	
HA-Wide	Mgmt Improve - Staff Training		1408		20,000		20,000	20,000	100%	
HA-Wide	Administration		1410		10,000		10,000	10,000	100%	
	Grand Total		100,178		100,178		100,178	100,178	100%	
	;									
						1				

⁴ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages										
PHA Name:			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

PHA Name: Grundy County	Housing Authority				Federal FFY of Grant: 2007	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)			ds Expended Ending Date)	Reasons for Revised Target Dates	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
HA-Wide	09/30/09	3/30/08	09/30/11	3/30/08		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

(Quarter E	Obligated nding Date)	All Fund	s Expended	Federal FFY of Grant: Reasons for Revised Target Dates ¹
(Quarter E	Obligated nding Date)	All Fund	s Expended	Reasons for Pavised Target Dates 1
		(Quarter E	Ending Date)	Reasons for Revised Target Dates
Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
	bligation End	Obligation End End Date	Obligation End Date End Date	Obligation End Date End Date Date

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Par	t I: Summary						
	Name/Number Grundy Courtority IL027	nty Housing		County & State) dy County, IL	⊠Original 5-Year Plan □Revision No:		
A.	Development Number and Name	Work Statement for Year 1 FFY2008	Work Statement for Year 2 FFY2009	Work Statement for Year 3 FFY 2010	Work Statement for Year 4 FFY2011	Work Statement for Year 5 FFY2012	
В.	Physical Improvements Subtotal	Annual Statement					
C.	Management Improvements		10,000	10,000	10,000	10,000	
D.	PHA-Wide Non-dwelling Structures and Equipment						
E.	Administration						
F.	Other						
G.	Operations		85,059	85,059	85,059	85,059	
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service						
K.	Total CFP Funds		-				
L.	Total Non-CFP Funds						
M.	Grand Total		95,059	95,059	95,059	95,059	

Par	t I: Summary (Continu	ation)				
PHA	Name/Number		Locality (City/	county & State)	Original 5-Year Plan	Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2008	Work Statement for Year 2 FFY 2009	Work Statement for Year 3 FFY 2010	Work Statement for Year 4 FFY 2011	Work Statement for Year 5 FFY 2012
	HA-Wide – Operations and Management Improvements	Annual Statement	95,059	95,059	95,059	95,059

Work Statement for	Work State	ement for Year		Work Statement for Year:2010 FFY2010				
Year 1 FFY 2008	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost		
See								
Annual								
Statement								
				+				
				+				
	Subto	otal of Estimated Cost	\$	Subto	\$			

Part II: Sup	porting Pages – Physical	Needs Work State	ement(s)			
Work	Work Statement for Year <u>2011</u> FFY <u>2011</u>			Work Statement for Year:2012 FFY _2012		
Statement for						
Year 1 FFY	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual						
Statement						
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

Work Statement for Year	Estimated Cost 85,059 10,000	Work Statement for Year:2010 FFY2010 Development Number/Name General Description of Major Work Categories HA-Wide Operations	Estimated Cost
Development Number/Name General Description of Major Work Categories HA-Wide Operations	85,059	Development Number/Name General Description of Major Work Categories HA-Wide	
General Description of Major Work Categories HA-Wide Operations	85,059	General Description of Major Work Categories HA-Wide	
HA-Wide Operations		HA-Wide	
Operations			
Operations			
•		Operations	
Management Improvements	10,000		85,059
-		Management Improvements	10,000
		·	
Subtotal of Estimated Cost	\$05.050	Subtotal of Estimated Cost	\$95,059
Subtotal of Estimated Cost	Ψ93,037	Subtotal of Estillated Cost	φ93, 03 7
	Subtotal of Estimated Cost	Subtotal of Estimated Cost \$95,059	Subtotal of Estimated Cost \$95,059 Subtotal of Estimated Cost

Part III: Sup	porting Pages – Management Needs World	k Statement(s)			
Work	Work Statement for Year <u>2011</u>		Work Statement for Year: 2012		
Statement for	FFY <u>2011</u>		FFY <u>2012</u>		
Year 1 FFY	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost	
_2008	General Description of Major Work Categories		General Description of Major Work Categories		
See					
Annual	HA-Wide		HA-Wide		
Statement	Operations	85,059	Operations	85,059	
	Management Improvements	10,000	Management Improvements	10,000	
	-				
	Subtotal of Estimated Cost	\$95,059	Subtotal of Estimated Cost	\$95,059	
	Subtotal of Estimated Cost	Ψ,5,05,	Subtour of Estimated Cost	Ψ, υ, υυ,	
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Violence Against Women Act Report

A goal of the Grundy County Housing Authority is to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the degree we can.

The Grundy County Housing Authority provides or offers the following activities, services, or programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking.

As a Housing Authority with no general occupancy units, the problem is not as acute here as it may be elsewhere. However, if such a problem occurs, we have excellent working relationship with the Grundy County Health Department and the Grundy County State's Attorney Office.

The Grundy County Housing Authority provides or offers the following activities, services, or programs that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing.

As a Housing Authority with no general occupancy units, the problem is not as acute here as it may be elsewhere. We do not have a preference for victims of domestic violence.

The Grundy County Housing Authority provides or offers the following activities, services, or programs to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

As a Housing Authority with no general occupancy units, the problem is not as acute here as it may be elsewhere. However, if such a problem occurs, we have excellent working relationship with the Grundy County Health Department and the Grundy County State's Attorney Office.

The Grundy County Housing Authority has the following procedures in place to assure applicants and residents are aware of their rights under the Violence Against Women Act.

We brief all new participants of their rights prior to entering the program and are always available for private consultations on their rights and responsibilities under VAWA.

Grundy County Housing Authority Carbon Monoxide Detector Policy

Every dwelling unit shall be equipped with at least one approved carbon monoxide alarm in an operating condition within 15 feet of every room used for sleeping purposes. The carbon monoxide alarm may be combined with smoke detecting devices provided that the combined unit complies with the respective provisions of the administrative code, reference standards, and departmental rules relating to both smoke detecting devices and carbon monoxide alarms and provided that the combined unit emits an alarm in a manner that clearly differentiates the hazard.

Every structure that contains more than one dwelling unit shall contain at least one approved carbon monoxide alarm in operating condition within 15 feet of every room used for sleeping purposes.

It is the responsibility of the owner of a structure to supply and install all required alarms. It is the responsibility of a tenant to test and to provide general maintenance for the alarms within the tenant's dwelling unit or rooming unit, and to notify the owner or the authorized agent of the owner in writing of any deficiencies that the tenant cannot correct. The owner is responsible for providing one tenant per dwelling unit with written information regarding alarm testing and maintenance.

The tenant is responsible for replacement of any required batteries in the carbon monoxide alarms in the tenant's dwelling unit, except that the owner shall ensure that the batteries are in operating condition at the time the tenant takes possession of the dwelling unit. The tenant shall provide the owner or the authorized agent of the owner with access to the dwelling unit to correct any deficiencies in the carbon monoxide alarm that have been reported in writing to the owner or the authorized agent of the owner.

The carbon monoxide alarms may be either battery powered, plug-in with battery back-up, or wired into the structure's AC power line with secondary battery back-up.

Adopted July 9, 2007

Grundy County Housing Authority 2008 PHA Plan – Amended February, 2010

Resident Advisory Board Comments

There were no Resident Advisory Board Comments.